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2008 FAIRFAX COUNTY YOUTH SURVEY OF 6th GRADE STUDENTS

Thank you for agreeing to participate in this study. These questions ask your opinion about a number of things concerning you, your friends, your family, your neighborhood, and your community.

All of your answers will be kept strictly confidential. This means your answers are secret. This survey is completely voluntary. You can skip any questions that you do not want to answer.

Be sure to read the instructions below before you begin.

Thank you very much.

INSTRUCTIONS

- 1. This is not a test, so there are no right or wrong answers.
- 2. All of the questions should be answered by marking one of the answer spaces. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank.
- 3. Your answers will be read automatically by a scanner and computer. Please follow these instructions carefully.
- 4. For questions that have the following answers: NO!! no yes YES!!

Mark the big YES!! if you think the statement is DEFINITELY TRUE for you.

Mark the little **yes** if you think the statement is MOSTLY TRUE for you.

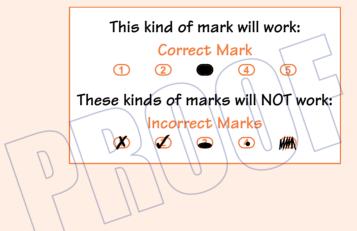
Mark the little **no** if you think the statement is MOSTLY NOT TRUE for you.

Mark the big NO!! if you think the statement is DEFINITELY NOT TRUE for you.

Example: Chocolate is the best ice cream flavor.

○ NO!! ○ no ○ yes ● YES!!

- a. Use a No. 2 pencil or a blue or black pen only.
- b. Do not use pens with ink that soaks through the paper.
- c. Make solid marks that fill the response completely.
- d. Make no stray marks on this form.



These questions ask for some general information about the people completing the survey. Please mark the response that best describes you.

Please mark the response that best describes you.			Mostly DsMostly AsMostly Cs
	How old are you?	9.	My teacher notices when I am doing a good job and lets me know about it. NO!! on oyes YES!!
	10 or younger111213	10.	I feel safe at my school. NO!! ono yes YES!!
2	○ 13○ 14 or olderWhat grade are you in?	11.	The school lets my parents know when I have done something well.
∠.	5th6th7th	12.	NO!! ono yes YES!! My teachers praise me when I have done well in school.
3.	Are you: Female Male	13.	○ NO!! ○ no ○ yes ○ YES!! Are your school grades better than the
	What do you consider yourself to be? Select ONE only.	14.	grades of most students in your class? NO!! on o yes YES!!
	O Hispanic Not Hispanic		How often do you feel that the school work you are assigned is meaningful and important? Often
5.	What do you consider yourself to be? Select ONE OR MORE.		SeldomSometimesAlmost always
	American Indian or Alaskan nativeAsian	15.	How interesting are most of your classes to you?
	Black or African-AmericanNative Hawaiian or other Pacific IslanderWhite		Very interestingQuite interestingFairly interestingSlightly dullVery dull
6.	Think of where you live most of the time. Which of the following people live there with you?	16.	How important do you think the things you are learning in school are going to be for you later in life?
	Choose ALL that apply. Mother Sister(s)		Very importantQuite importantFairly importantNot at all important
	 Father Stepmother Stepsister(s) Stepfather Stepbrother(s) Grandmother(s) Other children 		w thinking back over the past year in school, v often did you:
	Grandfather(s) Grandfather(s)	17	enjoy being in school?
	Foster parentOther adults		NeverSeldomSometimesOftenAlmost always
7.	What language do you use most often at home?	18	try to do your best work in school?
	○ English		○ Never ○ Often
	SpanishAnother Language		SeldomSometimesAlmost always

The next section asks about your experiences

8. Putting them all together, what were your

Mostly Bs

grades like last year?

Mostly Fs

at school.

The next two questions ask about safety.	The next section asks what you think about	
19. How many times have you ridden in a car	tobacco, alcohol, and other drug use.	
or other vehicle without wearing a seatbelt? Never Done it, but not in the past year Less than once a month About once a month Two or three times a month Once a week or more	How wrong do you think it is for someone your age to: 25drink beer, wine, or hard liquor (for example, vodka, whiskey or gin) regularly (at least once or twice a month)?	
20. Have you ever ridden in a car or other vehicle driven by someone who had been drinking alcohol?YesNoNot sure	 ○ Very wrong ○ Wrong ○ A little bit wrong ○ Not wrong at all 	
The next section asks about how you spend your time after school.	26smoke cigarettes? Very wrong Wrong	
How many times have you:	A little bit wrongNot wrong at all	
21participated in school or non-school extracurricular activities (i.e., sports, 4-H, Boys and Girls Club, Pep Club, etc.)? Never I've done it, but not in the past year Less than once a month About once a month Two or three times a month Once a week or more 22volunteered to do community service?	27smoke marijuana? Very wrong Wrong A little bit wrong Not wrong at all How much do you think people risk harming themselves (physically or in other ways) if they: 28smoke one or more packs of cigarettes	
 Never I've done it, but not in the past year Less than once a month About once a month Two or three times a month Once a week or more 	per day? No risk Slight risk Moderate risk Great risk	
This question asks about violence.	29try marijuana once or twice?	
During the past year, how many times have you: 23bullied, taunted, ridiculed, or teased someone? Never	No riskSlight riskModerate riskGreat risk	
 It's happened, but not in the past year A few times in the past year About once a month Two or three times a month Once a week or more Every day 	30smoke marijuana regularly? No risk Slight risk Moderate risk Great risk	
24been bullied, taunted, ridiculed, or teased by someone else? Never It's happened, but not in the past year A few times in the past year About once a month Two or three times a month Once a week or more Every day	 31take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day? No risk Slight risk Moderate risk Great risk 	

The next section asks about your experiences with tobacco, alcohol, and other drugs.		41. During the <u>past 30 days</u> , on how many <u>days</u> did you use other illegal drugs (not counting alcohol, tobacco, or marijuana)?
32. Have you <u>ever</u> s Never Once or twice Once in a while	-	○ None
Regularly in theRegularly now	Regularly in the pastRegularly now	These questions ask about the neighborhood and community where you live.
33. How often have during the past 3 Not at all Less than one c One to five ciga About one-half About one pack	igarette per day arettes per day pack per day	How easy or hard would it be for you to get: 42beer, wine or hard liquor (for example, vodka, whiskey or gin)? Very hard Sort of easy Sort of hard Very easy
More than one34. Have you ever,		 43some cigarettes? Very hard Sort of easy Very easy 44drugs like cocaine, LSD, or amphetamines? Very hard Sort of easy
35. During the past	30 days, on how many days eer, wine, or hard liquor? 6-9 days 10 or more days	Sort of hard Very easy 45some marijuana? Very hard Sort of easy Very hard Very easy Very easy
3-5 days36. Have you <u>ever</u>, smoked marijuaYes No	even once in your <u>lifetime</u> , na?	46. My neighbors notice when I am doing a good job and let me know about it. NO!! no yes YES!! 47. There are people in my neighborhood, or the
37. During the <u>past</u> did you use man O None 1-2 days 3-5 days		area around where I live, who are proud of me when I do something well. NO!! ono yes YES!! 48. There are people in my neighborhood, or the area around where I live, who encourage me
sniffed glue, bre	Have you <u>ever</u> , even once in your <u>lifetime</u> , sniffed glue, breathed (huffed) the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high? O Yes O No During the <u>past 30 days</u> , on how many <u>days</u> did you sniff glue, breathe (huff) the contents	to do my best. NO!! no yes YES!!
gases or sprays Yes No 39. During the past		The next few questions ask about your family. When answering these questions please think about the people you consider to be your family; for example, parents, stepparents, grandparents, aunts, uncles, etc.
of an aerosol sp or sprays in ord None 1-2 days 3-5 days 40. Have you ever, used other illegation	ray can, or inhale other gases	 49. My parents notice when I am doing a good job and let me know about it. Never or almost never Sometimes Often All the time 50. My parents ask me what I think before most family decisions affecting me are made. NO!! no yes YES!!

51.	How often do your parents tell you that they are proud of you for something you	During the past 7 days, how many times did you:
	have done?	58eat fruit? Do not count fruit juice.
	 Never or almost never Sometimes Often All the time you enjoy spending time with	 Not at all during the past 7 days 1 to 3 times during the past 7 days 4 to 6 times during the past 7 days 1 time per day 2 times per day 3 times per day 4 or more times per day
52.	your mother?	,
53. 54.	 NO!! Ono Oyes OYES!! your father? NO!! Ono Oyes OYES!! If I had a personal problem, I could ask my 	 59eat vegetables? Not at all during the past 7 days 1 to 3 times during the past 7 days 4 to 6 times during the past 7 days 1 time per day 2 times per day 3 times per day
	mom or dad for help.	4 or more times per day
55.	○ NO!! ○ no ○ yes ○ YES!! My parents give me lots of chances to do fun things with them.	60drink a can, bottle, or glass of soda or pop (such as Coke, Pepsi, or Sprite)? Do not include diet soda or diet pop.
56.	During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?	Not at all during the past 7 days 1 to 3 times during the past 7 days 4 to 6 times during the past 7 days 1 time per day 2 times per day 3 times per day 4 or more times per day
	Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time. O days O 2 days O 4 days O 6 days I day O 3 days O 5 days O 7 days	 61. During the past 7 days, how many glasses of milk did you drink? <i>Include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.</i> I did not drink milk during the past 7 days 1 to 3 glasses during the past 7 days
57.	During the past year, on how many sports teams did you play? Include any teams run by your school or community groups. O teams	 4 to 6 glasses during the past 7 days 1 glass per day 2 glasses per day 3 glasses per day 4 or more glasses per day 62. How honest were you in filling out
		this survey? I was very honest I was honest pretty much of the time I was honest some of the time I was honest once in a while

This is the end of the survey. Thank you for participating.